

Public Records Request

(Office Use Only)	
Date Filed:	Estimate Date:
Amount/Fee:	
Receipt No:	Product Issuance Date:
Reviewer:	

This is a request to review public documents or records of the City of Fairview pursuant to the Public Records Act. I understand that the documents or records requested may not be immediately available for my review and that I may need to make an appointment to review the documents of records, and that there is a cost for obtaining copies of documents or records. If research time is required, I understand I will be notified of the estimated cost prior to retrieving the documents or records. If I then choose to accept the proposed estimate, I will provide the City written confirmation to proceed with Public Records Request. I also understand that a deposit of \$32.00 must be paid in advance if the research is anticipated to take longer than 15 minutes.

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Request - The documents/ records for review or have copied include (be specific):			
Site Map & Tax Lot + Address:			
Applicant Name:	Phone Number:		
Mailing Address:	Fax Number:		
City/State/Zip:	Email Address:		
Business Name/Affiliation:	Phone Number:		
	Email Address:		
I AGREE TO REIMBURSE THE CITY OF FAIRVIEW FOR ALL APPLICABLE EXPENSES:			
Applicant Signature(s) & Date:			
1.			
2.			
Office Use Only:			
No. of addresses requested: Applicable Files:			
No. Copies @ .25/page:		\$	
Mailing # @ 2016 rate:		\$	
Est. Hours @ \$32/ hr ¹ :		\$	
Total Fee – (Note a \$32.00 deposit and minimum required):		\$	
Approved:			
(City Administrator or designee)			

¹ If the City Attorney reviews the documents, their hourly charge (currently \$165.00/hour) will be added to any amount due.